



Republic of the Philippines
OFFICE OF THE CITY MAYOR
 Permits and Licenses Division

APPLICATION FOR BUSINESS PERMIT

Application No.		Business ID No.		Date of Application:	
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional <input type="checkbox"/> Transfer <input type="checkbox"/> Ownership <input type="checkbox"/> Location <input type="checkbox"/> Organization		AMENDMENTS <input type="checkbox"/> From Single To Partnership <input type="checkbox"/> From Single To Corporation <input type="checkbox"/> From Partnership To Single <input type="checkbox"/> From Partnership To Corporation <input type="checkbox"/> From Corporation To Single <input type="checkbox"/> From Corporation To Partnership		DTI/SEC/CDA Registration No. <hr/> DTI/SEC/CDA Registration Date <hr/> CTC No. <hr/> Business TIN	
Type of Ownership: <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative					
Frequency of Payment: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly					
Are you enjoying tax incentive from any Government Entity? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify:					
BUSINESS NAME:					
TRADE NAME/FRANCHISE:					
Name of Tax Payer/Owner:					
Last Name:		First Name:		Middle Name:	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of Authorized Representative:					
Last Name:		First Name:		Middle Name:	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Position:				TIN	
Business Address			Owner's Address		
House/Bldg. No.			House/Bldg. No.		
Bldg. Name			Bldg. Name		
Unit No.			Unit No.		
Street			Street		
Subdivision			Subdivision		
Barangay			Barangay		
Tel. No.		Mobile No:		City/Municipality	
Email Address:			Province		
Web Site (URL Address):			Tel. No.		Mobile No:
Business Area (Sq. m):			Email Address		
Total No. of Employees: Male:			Female:		No. of Employees Residing in City: Male: Female:
If Place of Business is Rented, please identify the following (Lessor's Detail):					
Monthly Rental:			Start Date of Rental (MM/DD/YYYY):		
Name of Lessor/Corporation:					<input type="checkbox"/> Male <input type="checkbox"/> Female
House/Bldg. No.			Barangay		
Street			City/Municipality		
Subdivision			Province		Region
Tel. No.		Fax No.		Email Address	
In case of Emergency (Contact Person/Tel. No./Mobile No./Email Address):					
LINE OF BUSINESS			No. of Units	NEW (Capital Investment)	RENEWAL (Gross Sales/Receipt)
I AGREE UNDER PENALTY OF PERJURY that the foregoing information are true based on my personal knowledge and authentic records. Further, I agree to comply with the regulatory requirements and other deficiencies within 30 days from release of Business Permit. FAILURE TO COMPLY WITH ALL THE REQUIREMENTS WILL AUTOMATICALLY REVOKE THE PERMIT.					
SIGNATURE OF OWNER/MANAGER OVER PRINTED NAME				POSITION/TITLE	
IMPORTANT: PLEASE COMPLY ATTACHED REQUIREMENTS					

PRE-REGISTRATION DOCUMENTS TO BE ATTACHED TO THE BUSINESS APPLICATION

NEW REGISTRATION	RENEWAL
<ol style="list-style-type: none">1. Proof of business registration, incorporation, or legal personality (i.e DTI/SEC/CDA registration)2. Occupancy Permit (for new/renovated buildings/owner of buildings)3. Contract of Lease (if lessee)4. Barangay clearance (for business purpose)	<ol style="list-style-type: none">1. Basis for computing taxes, fees, and charges FOR RENEWAL ONLY (e.g. ITR, Financial Statement, etc.)2. Barangay Clearance (for business purpose)

Note: Authorization letter and Owner's valid ID with picture and signature should be presented for transactions by representative. (e.g. bookkeepers, liaisons, company representatives, etc.).

Attach Picture of business establishment:

Please sketch exact location of Business (Use black Ink)

Issued By: _____

Received By: _____

City Fire District Section:

Application No: _____
(To be filled up by Applicant/Owner)

Name of Applicant/Owner: _____

Name of Business: _____

Total floor area: _____ Contact No. _____

Address of Establishment: _____

Signature of Applicant/Owner

Certified by:
Customer Relations Officer: _____
Time & Date Received: _____

FIRE SAFETY INSPECTION FEE ASSESSMENT:	_____
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